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ABSTRACT

This document presents witnesses' testimonies from the Senate hearing held in Casselberry, Florida to consider the reauthorization of the Older Americans Act. In his opening statement, Senator Lawton Chiles reviews the history of the Older Americans Act and its amendments since its creation in 1965 and notes that the recent increase in the number of very old people may have significant implications for continued and expanded support for services authorized and funded under the act. Witnesses providing testimony include: (1) Faye Kalteaux and Virginia Salvino, Federation of Senior Citizens Clubs of Seminole County; (2) Bill Henebry and Betty Grossman, Pre-Legal Guardianship Counseling Program; (3) Lorraine Surlak, Virginia Fletcher, and Ruth Levin, Christian Service Center; (4) Dick Smith, Osceola County Council on Aging; (5) Beverly Hougland and Katherine McGovern, Osceola County Council on Aging; (6) Joan Lanier and Emma Zanetti, Pinellas Opportunity Council; (7) Jeanie Williamson and Hilde Smallwood, Bay Area Legal Services, Inc.; (8) Aleta Findlay and Betty Oakes, Volusia County Council on Aging; (9) Helen Blue and Mr. and Mrs. Russell Brock, Meals on Wheels of Manatee County, Inc.; (10) Bill Regar and Judy Thames, East Central Florida Regional Planning Council/Area Agency on Aging; (11) Pete Griffin, State of Florida Aging Advisory Council; and (12) Margaret Lynn Dugger, Florida Department of Health and Rehabilitative Services. (NB)

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S. HRG. 100-442

REAUTHORIZATION OF THE OLDER AMERICANS ACT

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

ONE HUNDREDTH CONGRESS

FIRST SESSION

CASSELBERRY, FL

JULY 2, 1987

Serial No. 100-8

CG 020779

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REAUTHORIZATION OF THE OLDER AMERICANS ACT

THURSDAY, JULY 2, 1987

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Casselberry, FL.

The hearing convened, pursuant to notice, at 10:45 a.m., at the Casselberry Senior Center, 200 North Triplet Drive, Casselberry, Florida, Honorable Lawton Chiles presiding.

Present: Senator Lawton Chiles.

OPENING STATEMENT BY SENATOR LAWTON CHILES

Senator CHILES. I want to thank you all very much for coming out for our hearing of the Senate Aging Committee. Our subject today is the Reauthorization of the Older Americans Act. And before we begin the formal hearing, I want to recognize some of the people that we have with us today. I got a chance to see the Mayor outside, but the Mayor had to leave. But we've got Commissioner Kulbes and we have Frank Stone, our State Representative, and we have John Torcaso, the Mayor of Winter Springs, and then Lloyd Sheppard had to leave.

We thank you all very much for being here and before I begin, I'd like to say a word of thanks for the people locally who helped us put together this hearing. And I won't take time to go over everyone who has helped, but I'll mention a few. We appreciate very much the Casselberry Senior Center staff, Karen Ellis and Lucille Lyons, for making this facility available for us to hold our hearing. We particularly appreciate the participants here at this center bearing with us as we interrupt their schedule. I want to thank Judy Thames and her staff for working with us on the local arrangements, the witnesses and schedule.

Because of time limitations we're not going to be able to allow everyone who came here today to speak on any issues. But we are, however, very interested in hearing from everyone who has information to share with the Committee. We are going to furnish you with some sheets to write down any information that you'd like to bring to our attention. And if you'll—I hope we have those pink sheets out. We have some, we can pass them out. And we'll hold open the record for several weeks after the hearing for additional comments. You can give these sheets to the staff today or you can mail them to me later.

Even though we are holding a formal hearing on the Reauthorization of the Older Americans Act, I do have some staff with me

today that will help with any other case work and constituency issues which you might want to bring to our attention. And I hope you'll feel free to go to the back of the room and discuss any matters with them at any time during the hearing. We'll have some staff that will be there working on that. Dean Saunders is here and he's parking the car, so he'll be here in just a minute.

The Older Americans Act was a landmark piece of legislation when it was originally enacted in 1965 and through this legislation, Congress created a new Federal program specifically designed to address the social service needs of older persons. In addition to the creation of the relatively small set of service programs created at that time, however, Congress established the framework for a national policy on aging. The original act set 10 national policy objectives aimed at improving the lives of older persons in the areas of income, health, housing, employment, retirement and community services. Congress also created the Administration on Aging, which was directed to stimulate more effective use of the existing resources for older persons.

As the act has evolved through successful successive reauthorizations and amendments, it's become the cornerstone for the development and delivery of a broad array of services for older persons. And although the elderly may receive services under an array of other Federal programs, the Older Americans Act is still viewed as the major vehicle for the organization and delivery of services to older Americans.

Amendments in 1972 and 1973 created the National Nutrition Program for the Elderly and the network of area agencies on aging. The 1973 amendments folded authority for the Community Service Employment Program under the auspices of the act, and then the 1976 amendments streamlined the various service programs and added a new program for our older Indians. Subsequent amendments have expanded the authority and responsibilities of the State and the area agencies on aging. And during the 22 years since its enactment the act has evolved from a program of small grants to one that now supports 50 State agencies on aging and over 660 area agencies on aging. Annual appropriations have grown from about $6 million to now $1.2 billion.

We face a period of rapidly changing demographics and social relationships. Our elderly population has grown more rapidly in this century than has the rest of the population, and this trend is predicted to continue into the 21st century. Between 1980 and the year 2020, the total population is projected to increase by slightly more than 30 percent, while the elderly population is projected to increase by more than 200 percent. I've got a great interest in that because I hope to be in that percentage. We in Florida have some idea of what that's going to be like for the rest of the country. It's interesting to note that we now have four counties in Florida that have more senior population than 21 States. Now that's each of four counties. That's not the total of four counties. We have four separate counties, any one of which would have a total senior population of 21 other States.

One of the more critical demographic features to consider is the increase among the oldest segment of our society. Persons 85 years of age and older are now the fastest growing age group. This factor

may have significant implications for continued and expanded support for services authorized and funded under this act, especially those services which assist older persons to remain in their own homes. Moreover, the increased number of persons in the oldest age group is expected dramatically to affect demand for nursing home care. This factor may also affect future planning for the long-term care ombudsman programs authorized under the act.

Other issues of concern as we consider changes to the act are the apparent decreases in services to minority elderly individuals. The problems of racial and ethnic minority access are mirrored by problems of access and services among individuals with special disabilities and illnesses. Individuals with Alzheimers disease and mental illness, mental retardation or developmental disabilities deserve our special attention. Only two days ago a lawsuit was filed in Federal court in Miami contending that more of the funds allocated to the State of Florida be designated to minority elderly.

The Older Americans Act programs have provided the foundation for a partnership among the Federal, State, and local governments and communities to meet the needs of the elderly and this reauthorization gives us the opportunity to strengthen this partnership. We have an opportunity today to hear from representatives of these different levels of authority this morning, as well as some of the participants in the different programs. And I certainly look forward to hearing this testimony.

Our first witnesses are Faye Kalteaux and Virginia Salvino, the Federation of Senior Citizens Clubs of Seminole County, and we're delighted to have you. And Faye, if you'll lead off for us?

Ms. KALTEAUX. Thank you.

Senator CHILES. You'll probably need to pull that mike up to you.

STATEMENT OF FAYE KALTEAUX, FEDERATION OF SENIOR CITIZENS CLUBS OF SEMINOLE COUNTY, FL, ACCOMPANIED BY VIRGINIA SALVINO

Ms. KALTEAUX. Thank you. The program that I would like to give you information about this morning is referred to as The "Brown Bag" Program. We offer this program to seniors in District 7 during the month of May which, of course, is recognized as Older Americans month.

The program was initiated, as I said, in District 7 by the area Agency on Aging, specifically the nutrition consultants. We've encouraged all participants who are age 60 and older to bring in their brown bags, which have been provided to them, medications which they were at that time taking. At that time when they brought the medications in the brown bag to the centers—and I need to let you know also that almost all of the senior citizen centers in this District participated in the program.

Senator CHILES. How many centers would that be?

Ms. KALTEAUX. Seven. I think that's correct and it represents a total of 1,100 people participating in the program. Eleven hundred brown bags were brought to those centers with medications that they were taking at that time, to be examined by pharmacists. They were advised as to the effects of mixed medications. They

were advised of the disadvantages of taking medications sometimes that were outdated and with the use of alcohol and other factors.

This is the second year that this program has been made available to the seniors and it represents an effort by the private sector as well as social service agencies to help senior citizens learn about the medications that they are in fact taking at that time. Often pharmacists could give advice as to how to correct problems that he became aware of and other times they were referred back to their physicians for further information.

As I indicated to you, this program was initiated by the area Agency on Aging in District 7 and we would be happy to serve as an example for others.

Senator CHILES. Was any advice given at that time as to whether certain prescriptions could be bought, the generic medicines——

Ms. KALTEAUX. I'm sure that information was provided also.

Senator CHILES [continuing]. Which would be much cheaper.

Ms. KALTEAUX. Right. The pharmacists that participated were well aware that a lot of the people needed to spend less money on their pharmaceutical need than they had been spending.

Senator CHILES. And the pharmacists were volunteering their time——

Ms. KALTEAUX. Yes.

Senator CHILES [continuing]. For that program?

Ms. KALTEAUX. Yes. All of those programs were represented by volunteers.

I'd like to introduce you to Mrs. Salvino who participates here at this Senior Center and she has participated in our program for 2 years. She has something to tell you about her "Brown Bag" contents.

Senator CHILES. Very good. Ms. Salvino?

Ms. SALVINO. Thank you. I said he really helped me because I used to put all my medication in a small glass, you know, for the whole day. I figured this way I'd make sure I would take them. But he advised me not to do that because the moisture in the air deteriorates part of the value of the pill.

Senator CHILES. Now that's interesting. I would have thought that was pretty wise what you were doing, to put it all in one thing.

Ms. SALVINO. Right, I figured this way I would make sure I take it, but now I don't do it. He said to make sure you keep all your medication tightly sealed because the moisture is not good for it. So, you know, he really helped me in that way, you know. He explained, you know, what each medication was for, if I really understood what I was taking, which I mostly did, you know. And it was really a good idea.

Senator CHILES. That's good. I was just reading recently—and it was news to me—that sometimes, depending on what hour of the day you take your medication——

Ms. SALVINO. Oh, yes.

Senator CHILES [continuing]. Has a lot to do with how strong it is or how, you know, it affects you.

Ms. SALVINO. Right. And then like certain medication I take, I have to take it with my meals and there's another one I have to take an hour before meals. And he, you know, said make sure you,

you know, do that because that's the way you're suppose to take them. He really helped, you know, telling us what to do.

Senator CHILES. Well, I'm sure that's true and I'm sure he did help. I understand you got a young husband here today that's——

Ms. SALVINO. Yes, he's 92 years old.

Senator CHILES. Let's see, where is he?

Ms. SALVINO. He's in the back.

Senator CHILES. Can we get him to stand up. I understand he's just 92 years old. We're glad to have him in the audience.

You know, listening to this, I got to share a story with you that I just heard. I've got some friends out in west Florida. They like to tell stories all the time and they tell stories about a particular fellow out there that's—well, I don't know, maybe he's not wrapped too tight, you know. I mean, he has some problems. His name was Hamp. And they said Hamp one night had been out and they'd been hunting and they had some squirrels. And they'd fried those squirrels up and they'd eaten those squirrels and I think they'd had something to drink along with it, you know, probably quite a bit; but they'd had a lot of gravy and fried food. And Hamp got up about 1 o'clock and he was stumbling around his cabin where they were and he said he was just feeling terrible and what should he do. And one of his friends said, "Well you ought to take an Alka-Seltzer." And he said, "Well, I don't know anything about Alka-Seltzers. How do you take them?" And he said, "Well, there are some in the cabinet there. You take them with water." So Hamp took an Alka-Seltzer and swallowed it and took a glass of water. They said he started frothing at the mouth, you know, and he just about thought he was going to choke. And in about 30 minutes he was spewing and frothing at the mouth and he finally went to bed. And the next morning he got up and he just said he felt awful and he just never felt so bad. And one fellow came in that had not been there the night before and he said, "Well, why in the world didn't you take some Alka-Seltzer?" He said, "My gosh," he said, "I took an Alka-Seltzer." He said, "Oh, one won't do it. You gotta take two." Hamp said, "There ain't a man alive that can take two of those Alka-Seltzers." So I guess Hamp needed to get into the "Brown Bag" Program and have somebody tell him how to take Alka-Seltzer.

We thank you. Did they find that any people were taking medications that would harm them if they continued them the way they were taking them?

Ms. KALTEAUX. Those people were referred back to their physicians.

Senator CHILES. But they did find some cases where——

Ms. KALTEAUX. Yes.

Senator CHILES [continuing]. They felt this?

Ms. KALTEAUX. Yes.

Senator CHILES. Well, it sounds like that this is a tremendous program and we're delighted that you are participating in it.

Ms. SALVINO. Thank you.

Senator CHILES. Our second witness is Bill Henebry from Cocoa and he is in the Pre-Legal Guardianship Counseling Program with Betty Grossman.

We would kind of like any of the writing press to not report the sort of names or specifics. They're going to give us some examples of some mental health problems and we feel we want to protect the privacy of the people. (To the witnesses) And you can omit the names, if you will.

STATEMENT OF BILL HENEBRY, PRE-LEGAL GUARDIANSHIP COUNSELING PROGRAM, SENIOR ACTIVITY PROGRAMS, COCOA, FL, ACCOMPANIED BY DR. BETTY GROSSMAN

Mr. HENEBRY. Thank you, Senator. I appreciate the opportunity to talk to you.

Our Community Services Counsel provides services under the Older Americans Act and we're real enthused about the idea of reauthorization, of course. And in addition to the normal service a lot of people provide—nutrition, transportation, medical transportation—we became real concerned in our County about the fact that we had older people who were at home and needed services that our people really weren't professionally qualified to help with. So we contacted the Mental Health Department and asked them if they could provide this service and they said yes, they could, but they had to come in; the seniors had to come into the mental health. Well, most of the seniors are a little bit afraid of the mental health connotation as it is. Many of them were homebound. They just couldn't. So we asked the mental health people if we could execute a contract with them using Older Americans Act funds for them to go into the home and talk to the people and see if they could solve their problems. We've been doing it now for a little better than 2 years and we've found it a real success. The medium age for the people on the program is about 78. We're reaching out to get the people. I'd like to have Betty Grossman, who is the head of the Geriatric Group in the Brevard Mental Health, tell you about some of the cases. They're long-range cases but they're the people we're reaching out to who really we'd never be able to help and it's called Pre-Legal Guardianship because simply they—next step, if we weren't out or they weren't out there, would be a legal guardian and then the nursing home. And we're thankful for Betty.

Betty?

Senator CHILES. Well, I'm delighted to hear that. I think one of the things is, as I mentioned in my opening statement, that we're seeing our population of over 85. And I think one of the things we want to look for in the reauthorization of the Act is what are the steps that we can take at every level to allow people to stay in their own homes as long as they possibly can. I know I lost my mother about a year ago. But I know from the time that she was sort of 60 on, her greatest goal that she had was to be able to stay in her home. Unfortunately, she wasn't able to do that. Everybody can't. But as long as any of us can, we want to try to see if we can help.

Betty, we're delighted to have you with us.

Mr. HENEBRY. If I could just say something, Senator, to add onto it is we're exceptionally pleased of the flexibility of the Older Americans Act gives to us the opportunity to contract with other

people, specialists. We're not hedged, you know, tied into our own skills. And believe me, there's an awful lot of good people out there to help.

Senator CHILES. Good.

Dr. GROSSMAN. Thank you, Senator Chiles, for letting us talk to you today.

As Bill said, 2 years ago we got a call about an Older American in the home that was in mental health trouble, depressed who needed help. We were more than willing to help them but they would have to come into the center. Frequently they weren't willing to, frequently they were unable to. What would happen is that the client would finally go to the center when it was indeed a crisis proportion. Perhaps sometimes these clients never got to us and whatever happened to them, we don't know.

With the advent of this program we have been able to go out into the home and provide the kinds of services that we do at our center to the clients in their home. Frequently, we've been able to prevent, I think, tragedies from happening and to intervene earlier than we might have ordinarily been able to.

Some of the clients I want to talk to you about today when we went out into their homes, we discovered depression, a depth of despair, that several of the clients that I have in mind were on the verge of considering suicide or actively planning it. Our clinical assessment at that time allowed us to intervene into their life situation. With one person we facilitated hospitalization, a hospitalization they were really unwilling to consider; but due to the relationship they were developing with our therapist, we were able to get them into the center and receive in-patient services that they needed.

Another client recently told one of our workers that they were an angel sent by God because had they not intervened at the time they did, the person said I wouldn't be talking with you now. This was an individual who is suffering from some extreme physical pain. And when that pain gets too much for her, her thoughts go to suicide. She had a variety of pills in her home that she wasn't using anymore that she had contemplated using. And through the intervention of our therapist, she worked with this lady to flush those pills down the toilet and the timing was just right. We've been able to help work this lady—help her work through some of her own concerns and anxieties about her physical problems so that now she's willing to go for the medical treatment she was afraid of before. And, as I said, she called our worker an angel of God.

We've also been able to intervene with clients who find themselves in situations where they aren't able to assert themselves with their families, where the family system is such that intervention is necessary to prevent the older American from being taken advantage of or their home situation being jeopardized. Then again through our working with the clients in their home, providing the opportunity to sort out what their problems are, to work through some of these issues, they've been able to make the necessary adjustments in their life situation to allow their continuing remaining in the community.

Our goal with our clients is to encourage them to continue to maintain as much responsibility and control over their lives as possible. So we do not go in and do for our clients. We go in and work with them to do for themselves. But we're also there in case they need that extra bit of assistance. In one situation recently we were able to advocate for a woman who had made a decision about an insurance policy that she regretted right after she did it. And it took some intervention on our part to work that through with the company and to get her back her money. She was very afraid to do this by herself. She knew what she wanted to do but was somewhat afraid of going against the authority of a big company to get it done. And, again, we worked with her but we also had her do as much as possible in this process and that she again maintained a dignity over her life and control of her life situation.

Senator CHILES. And under the Act now you are able to contract that deficiency. Do you see anything that we should be doing further in this particular regard?

Mr. HENEBRY. Do you really want an answer? The answer is more money. One extra thing. We're merely in many of these cases acting as the parents of these people or the children. There aren't any children or they're up north. We get calls from the people and, as you know, they're very pathetic. But we're giving the opportunity to be in their own home which we feel is the best part of the whole job.

Senator CHILES. Do you find that abuse of older people is an increasing problem?

Dr. GROSSMAN. I think as we have more older Americans, logically we're going to have more abuse because there is going to be more opportunity for that to occur. Yes, I think that we do see cases since we've gone into the homes where people are taking advantage of these people. Again, we had a situation where one client was just conned and being taken advantage of by a neighbor and her children. And it took a lot of work with that client for her to assert her rights and assert her position within her own home and protect herself and her belongings. So it happened—it happens, you know, in all different kinds of ways, from family members to neighbors, to being robbed, to being burglarized. Then the panic that occurs after that happens. We had one lady who had her purse stolen. All of her documents were in it, all of her papers were in it. That really threw her for a loop in terms of losing her sense of control over her life and over her situation. We were able to advocate for her and we were able to get her back the documents she needed and also work with her in terms of how you assess a situation where you're going to be safe or you're not going to be safe. How do you assess? You know, what do you do? Who do you trust? Who do you don't trust? How do you continue to maintain yourself in the community and not be afraid of everything that's going on. So we got this lady at a time when she was in great despair and in a great deal of anxiety over what to do, how to deal with things. She was confused. She was feeling disorganized and experiencing a great loss of control over her life situation. And again it was the intervention of the counselor that helped her kind of pull things back together and get on an even keel.

What we find a lot of times—what I hear a lot of times from the workers is that the people say to them, you know, I trust you. You know, what you say I can trust. I know that you don't have any hidden agendas, any other reasons for what you're saying to me. We sometimes get a little uncomfortable with that. What we want them to do is to feel comfortable to trust themselves and to trust their own instincts. And like I said, we work very hard for them to make their own decisions for them to process and problem solve with us, for us to be a facilitator of that process but not to take over the responsibility for the client in the hopes that giving them that kind of support will maintain them in the community and prevent further decompensation and hospitalization and institutionalization. The mind and body are mixed, are together; they're not separate. If we can help people with their self-confidence, with their mental state, we affect them physically. It's all connected. So I think it's a very valued part of the program, that we can go in and work with these clients on that level.

Senator CHILES. I'm sure that's true and I hope from our audience here and the press that we have, that people will understand some of these services are available. And if they know of someone that needs these services or if they see it in their own family situation, that they can through their Senior Service Centers and others seek these services out, that help is available.

I do want to say to you, you mentioned money, Bill. Our proposed appropriations for these programs next year, this year we have $270 million and next year the market we had in our budget is $285 million. So in a period of time in which we got very limited resources and we are trying to cut back and save a lot of money in a lot of programs, we did have an increase in this one. I wish it could be more. But we are going up in the dollars in these programs.

Mr. HENEBRY. We'd like to thank you for your help in getting the money for us. Your action is obvious. Thank you.

Senator CHILES. Thank you. Thank you all both.

Our next panel will be Lorraine Surlak from the Christian Service Center of Orange County, and with her is Virginia Fletcher who is with her mother, Mrs. Fletcher. Mrs. Fletcher has Alzheimers and they provide a volunteer to stay with her so she can get out of the house and try to continue to keep herself at home. Lorraine?

STATEMENT OF LORRAINE SURLAK, CHRISTIAN SERVICE CENTER, ORANGE COUNTY RESPITE PROGRAM, ACCOMPANIED BY VIRGINIA FLETCHER AND RUTH LEVIN

Ms. SURLAK. Thank you for having us here today. This is Virginia Fletcher and she is the caregiver. Her mother is at home with one of the volunteers that we have trained. And Ruth Levin is our case manager and has brought Virginia to testify here for you today.

Senator CHILES. I see.

Ms. SURLAK. The Alzheimers Community "Respite" Program for Orange County is a 2-year State demonstration project that relies very heavily on The Older Americans Act program. Other counties

in this district provide respite care under Title 3(b) of The Older Americans Act and the stories about their programs and clients would be very similar to ours.

The ways that we rely on The Older Americans Act programs to increase our effectiveness is through sheer care management, joint recruitment, training of volunteers, joint development of training manuals and sharing equipment. We are presently a four-component program. We have in-home volunteers that we train to place into the home for up to 4 hours a day to relieve the caregiver. We have a weekend respite component in which we work cooperatively with the local hospital to provide respite care for an Alzheimers victim from Saturday morning until Sunday evening. We have a day-care component in which the Alzheimers victim can go into a day-care situation and the caregiver then would have an entire day free. And we also have a research component in which we work with UCF in terms of evaluating our program and also in terms of looking at the characteristics of our caregivers and volunteers.

We are caregivers who, when we have been able to place an in-home volunteer, have told us that this is wonderful, this is nice; I've enjoyed having four hours off from my 36-hour day but I haven't been out of the house in so many years that I no longer have any friends, I don't know what to do with this 4-hour free period of time. Many of them have lost their social skills, they've lost their social support systems. One caregiver in particular, while we were able to place their family member in a weekend program, the family told us that they would go to a local amusement park——

Senator CHILES. Just so I understand it, caregiver you're talking about, this is not the victim of Alzheimers. This is the person that's been sort of having to stay there all the time?

Ms. SURLAK. Right.

Senator CHILES. And that person has lost their social skills, you're saying?

Ms. SURLAK. That's right. They have been so engulfed in taking care of their family member that they have lost their friends, they've lost any type of outside support; they've been totally engulfed in this. Okay? Respite is to provide relief for them. Okay? In terms of the family for the weekend program, they would go to a local amusement park, an outing that many of us take for granted. But for this family, they told us it was the first time in 7 years that they were able to spend time together.

We presently serve about 65 families and Mrs. Virginia Fletcher is one of our caregivers who'd like to talk to you today.

Mrs. FLETCHER. I'm delighted for the opportunity to be here to let you know from my experience and mine is a little different from what you just heard.

I was able to bring my mother to live with me the first of the year. She had been living with her 87 year old sister. My mother is 82. So they kept telling me things are fine, things are fine, because they did not want to be separated. But I spoke to her doctor and he advised me to bring her home, that she would not last very long with the two taking care of each other. Neither one able to go to the grocery store. They had to rely on people to come in. So I brought my mother home and I started working with her. So many

cases people are eased into situations like this. I jumped in with both feet. I did not know what I was involved in. Within the first 3 months I lost 20 pounds; I had three accidents, really carelessness. But my nerves, I was at my wits end. I called everywhere trying to get help, hiring sitters. I did get someone in and that's all they did was sit. No help with housework, no help with anyone. I live alone. I have no family here. So I have the sole responsibility for my mother.

I put out feelers. I had one call. We'll get back with you in a couple of weeks, I heard nothing. A month later, the same thing. The middle of March I had a call from Ruth Levin. I said, oh, well, this is another one. The next day Ruth called me, set up an appointment to come out and talk to me and my mother. She says, "You need our help." And I said, "I need help period. I'll take anything. Help!" Maybe one night in that period of time I had slept an hour or two. There were other—Most nights I was up, in and out of the night. If you've been around Alzheimers—and this was new to me—she couldn't get in the bed. She'd get out of bed. She couldn't find the bedroom. She couldn't find the bathroom. You had to be there to take her day and night, to do what had to be done for her.

Ruth came out. She says, "I'll get back with you". She made an appointment on Friday, we saw someone. I got some help started the following week. That was the first day that I was not under complete tension for that 24 hours through the Respite Care Program. I was lost. It was like your child away for the first time, that you were away from them. I was walking the floor and I didn't know why, but I got use to it. But it was such a relief to be able to have someone to look after her for a few hours. They have continued with various things in helping me to be able to cope. Now I can get a little sleep when mother is active. But you've got to be with them the whole day to keep them active. So, therefore, with the caregiver—with the volunteer that comes in, they give her a hundred percent of their time and keep her interested and active. We're getting her involved in crafts again, which she did a lot herself, rather than just sitting. Her memory, one time she will recognize you. When I went to leave her today, she shook my hand and said, "It's good to see you again". She did not recognize me. So this is what people caring for AD patients are involved in, and they need a little time to get away, to breathe and to just relax. And Respite care has been giving that to me. And the program that they talked about, I am looking forward to the 24 hours, that I can sleep one night through without having to get out and to go.

Senator CHILES. What would have happened to you and your mother, Virginia, if you hadn't been able to find care like this?

Mrs. FLETCHER. My doctors told me that if you don't, you're going to have to put her in a nursing home because you cannot keep going. I was in good health, felt better than I had in years. But I had an accident. I punched a hole in my arm. I had to go to a doctor for that. I hit a toe and I had problems with that. Oh, I'd say she'd been there about 2 weeks, I had a complete blackout. I hit my head. I had a knot that felt that big (indicating). My shoulder, I couldn't lift my arm. I had a bruised hip. I just fell out in the middle of the floor and just hit myself all over as I was falling. And I don't know how it happened, I don't remember it. But the doctor

says, the strain that you're under, this is going to continue to happen to you. You're taking care of her needs but you're not doing anything for yours. What's going to happen when you are not physically or mentally able to take care of her.

Senator CHILES. Now with the help that you're getting, your attitudes have changed some?

Mrs. FLETCHER. I can smile.

Senator CHILES. That's great.

Mrs. FLETCHER. I get relief. But there are some days that it's 4 days at a time or 5 days, and then I get back to that. But when I get that help and I can get away from that pressure, then I can come back and I can laugh and talk and be cheerful with her. But if you've got it 24 hours a day, 7 days a week—I took care of my husband for 15 years. Now you know what a heart condition is. You've been through it. He had that and glaucoma too. But his memory was clear up until about the last 2 weeks and that was nothing compared to what I've been through this last 6 months.

Senator CHILES. Lorraine, what would you say we're able to meet the need that's out there or how much of the need are we able to meet out there with the Respite care that you have in your services?

Ms. SURLAK. Presently, this is just starting our second year in this program. We have 65 families, as I stated, on it and on a daily basis we get new referrals. So there is an untapped number of families that we could help.

Senator CHILES. Well, one of the things that we are trying to cover in the catastrophic coverage that we're now working on now would be providing for Respite care. So that will make some more funds available for that program that you have.

Well, we thank you all very much.

Ms. SURLAK. Thank you for listening to us.

Senator CHILES. Sounds like—in fact, I can see how necessary this is. Thank you very much, Mrs. Fletcher, for coming here today.

Next there's Beverly Hougland from St. Cloud with the Osceola County Council on Aging, and she has with her Mrs. Katherine McGovern. They're going to discuss their dental program.

Mr. SMITH. Senator, I'm a last minute addition.

Senator CHILES. Yes, sir?

Mr. SMITH. Dick Smith. I'm the Executive Director of the Osceola County Council on Aging.

Senator CHILES. We're delighted to have you come along too.

STATEMENT OF DICK SMITH, EXECUTIVE DIRECTOR, OSCEOLA COUNTY COUNCIL ON AGING

Mr. SMITH. It's a pleasure to testify before the Senate Committee on Aging and to see you again, Senator.

Senator CHILES. Thank you.

Mr. SMITH. The Osceola County Council on Aging is a multi-service organization providing a vast array of services in Osceola County, which is the fastest growing County in this State. We've been noted for a number of creative and innovative programs that we've started within the past 3 years which have been first of the

type in the Nation. We have a program that's going to be discussed today which is our elderly homebound dental care program. This was done without the aid of Older Americans Act money. It was done by our center and developed locally with the assistance of Lorraine Surlak also from the Triple A, Area Agency on Aging.

At this time I'd like to turn the program over to Beverly Hougland, who is my assistant and is director of our program.

Senator CHILES. Beverly?

STATEMENT OF BEVERLY HOUGLAND, OSCEOLA COUNTY DENTAL PROGRAM, OSCEOLA COUNTY COUNCIL ON AGING, ACCOMPANIED BY KATHERINE McGOVERN

Ms. HOUGLAND. Hi, thank you. I would like to tell you a little bit about how the dental project started.

We were lucky enough to have interns from a Vo Tec school, diatecs that volunteered to do nutritional assessments for our Older Americans Act home-delivered meals clients, and our congregant meal clients. We serve about 200 meals a day from Meals on Wheels and approximately the same number for congregant meals. When we completed the survey, we had some startling statistics. All of our clients had seen a physician but only 17 percent of our clients had ever seen a dentist and 25 percent were not able to chew meat because of dental problems. So we really set down with our dietitian and brainstormed and said, what are we going to do about this problem because it affects how our people can eat the meal.

Senator CHILES. So a fourth of your people could not chew meat?

Ms. HOUGLAND. Right. So we approached all the Osceola County dentists and I presented a project to them. We said, if we would take our case managers and provide the transportation for our homebound and our congregant meal people to go into the dentist, could they provide free dental care. And all of the Osceola dentists volunteered to participate in this program.

We really had some startling things happen with this program. The oldest participant was 98 years old, she had never been to a dentist. She was very thankful to have the dental care. Another thing that had happened, one of the dentists discovered a tumor as he was doing the examination and, consequently, we were able to save a life because it was a cancer and we did get him medical care. And he's still on our home-delivery meals program now.

I would like to introduce you to one of the congregant meal participants and I'll let her tell you about the other Older Americans programs she's involved in. But she was also a participant in our dental project. She can tell you more about it and how it affected her.

Ms. McGOVERN. Thank you, Senator.

Senator CHILES. Thank you, Ms. McGovern. We're glad to have you here.

Ms. McGOVERN. Well, I was one of the participants for the teeth because I'm on a very low income and I was eligible to have this program. And I had very good care and the dentist was very, very good to me. He cleaned my teeth. He did everything he had to do. Now, there's other things too that we have over there. We have—

picked up in the morning, taken back at night. I don't have transportation and I've been with this, oh, just about 7 years now. And our meals are really good. I mean, we have good meals. They're very well-balanced. I know at home we wouldn't have those meals. And also, we worry about our shut-ins. You know, it must be wonderful when she hears that knock on the door and there's somebody with the meal on Meals on Wheels and you have a smile for them. And they're just so glad to see you because probably you're the only one that they see during the day. And not only that, but we have certain things going on in our congregant. We have entertainment every little holiday. Like today, the Fourth of July, we got a little something going on. And there isn't anything that they wouldn't do for you. Even your site manager, if you have a problem, she sits down and listens to you. And not only that, but you come up with the people every day and we have these little huggin' things, you know; and they don't get that at home. They're alone, you know. And I think that this program is well worth taking care of especially for the shut-ins. What would they do? Tell me the truth, Senator, what would they do? I really mean it. It's such a joy just to see them. I have a 102-year-old man, comes in every morning. He gets on the bus, comes in, he plays checkers or dominos. Now he hates staying home any time and just to see him—Now just this morning I saw him on TV. He was riding his bicycle. Now he's 102.

Senator CHILES. Five miles a day he rides.

Ms. MCGOVERN. Right.

Senator CHILES. I hope he doesn't decide to run for the U.S. Senate.

Ms. MCGOVERN. If he misses a day he goes—he says, "Oh, God, am I glad to come in." And I mean, he's just a happy man and a sweet man and you just look at him everyday and think, God, how does God take care of him. And he just gets in there and sits down and play those checkers and that domino and that's his day. He misses it. We have others 93 years of age. They're still volunteers. And that's all I'm saying. This program is for us, for the needy.

Senator CHILES. I'm just delighted to get your testimony on that and I see that every time I go to a center, whether it's in a rural area or whether it's in one of our urban areas. And I know how important this is to a lot of people to get a chance to come together and care for each other. It's interesting, you know. I read about all of these problems that we have at times between the races and everything else. I never see that in these centers. You know, everybody is sort of sharing and getting together and it's wonderful to see that happening.

Ms. MCGOVERN. Well, I like it too because I don't get hugged. But I get a hug when I go over there.

Senator CHILES. Beverly, what percentage of your folks are over 80?

Ms. HOUGLAND. Our average age for our entire program is 79. We probably have about 17 percent over the age of 85.

Senator CHILES. Over 85?

Ms. HOUGLAND. Eighty-five. I just ran a survey this morning.

Senator CHILES. And your average age is 79.

Mr. SMITH. Seventy-nine point nine.

Ms. HOUGLAND. Our oldest Meals on Wheels is 102 and our oldest congregant participant is 102.

Senator CHILES. Well, that's great. I'm delighted to hear he's still riding a bicycle.

Someone once said that the mind can only assimilate what the seat can endure. So let's take a little stretch.

[Whereupon, a short break was taken after which the following proceedings were had.]

Senator CHILES. We now have in our next panel Joan Lanier with Chore Services of St. Petersburg and she's with the Pinellas Opportunity Council. She has with her Mrs. Emma Zanetti and they're going to tell us about the Chore Services Program and share some of their pictures with us.

STATEMENT OF JOAN LANIER, PINELLAS OPPORTUNITY COUNCIL, CHORE SERVICES PROGRAM, ST. PETERSBURG, FL, ACCOMPANIED BY EMMA ZANETTI

Ms. LANIER. Good morning, Senator.

Senator CHILES. Good morning.

Ms. LANIER. It's a pleasure to be here this morning and tell you what's going on in Pinellas County.

The Chore Services Program is the providing of the heavy household cleaning and lawn maintenance for our senior citizens who are no longer able to perform the heavy services themselves, nor can they afford to hire the work done. Now this we consider a good ole' fashion spring housecleaning because we go in and we do the ceilings, we do the walls, the floors, shampoo carpets, the bathrooms, kitchen; anything that needs cleaning, we clean. When we leave the house smells as fresh as spring air.

Senator CHILES. My wife has only caught me and had me do that about once, but I know what kind of thing that is. The rest of the time I've been able to escape.

Ms. LANIER. Fortunately, we don't have to take carpets outside and beat them anymore like they did years ago. But we do shampoo them.

Many of the homes that we go into are roach and rodent infested. This is because their yards are overgrown and have been there that way for a considerable length of time.

Senator CHILES. It's not a Florida house if it doesn't have some roaches in it.

Ms. LANIER. When we get them that big (indicating) and they're all over everywhere, then that's bad. That's bad.

Senator CHILES. Yes. When they think you're the guest, that's when you get them.

Ms. LANIER. Many times our elderly are considered pack rats. This is not so. When they get to an age where they're no longer able to cart things out to the garbage pail, things start piling up, newspapers pile up, junk mail piles up, wrappers from everything that comes in from the store piles up. You take your own home. How many times do we even go out to our garbage pail a week? How many times do we put it out on the curb? When you let this stuff accumulate 1 week, 2 weeks, 6 months, 2 years, and what

have we got? A house that is piled full of nothing but debris. This is what we run into constantly. We work with the cities——

Senator CHILES. My wife has been in Florida about 3 weeks and you're now talking about the house I'm living in in Washington, the way it looks. I'd better get it straightened out before she comes back.

Ms. LANIER. We work with all those cities within Pinellas County in preventing citations that are placed on the senior citizens when their yards become a disgrace to the neighborhood. Recently we were able to prevent an $8,000 lien being placed on an elderly woman's home because of the condition of the yard. Once a home is cited and they are given the 12 days to clean up, at the end of that 12 days, if it's not cleaned up, then every day beyond that an additional amount of money is fined. And eventually this is put a lien on their home. By working with the city inspectors, we went in; it took us 5 days and many, many, many trips to the dump to clean up the yard. And by doing some fast talking and some maneuvering, we were able to get the $8,000 lien removed from the woman's property. The woman feels that we gave her back her home.

Senator CHILES. How did Chore Services get started and how long has that been going?

Ms. LANIER. We've been doing it for 10 years.

Senator CHILES. Ten years.

Ms. LANIER. And we feel going in and doing everything that needs to be done in the yard and in the home is the way to go.

I would like to relate some other instances to you. We responded to a home that a neighbor had called us because of the odor that was coming from the home. We responded. The home was in a deplorable condition. We sent workers out there, the workers arrived on the job, and immediately we got a call. Someone needed to come from the office to see the situation. The man was laying on a mattress which the springs were out of. There was roaches crawling out of the mattress onto the man. He was too weak to get out of bed. In questioning him he could not remember when he had eaten last. There was not a bit of food in the refrigerator. There was no food in his cabinets. So we got busy not only cleaning the place up but we were able to get a new mattress, pillows, bed linens and food from the food pantries. The mattress and bed linens came from the Salvation Army. They were nice enough to give us some new things, which that night he had a clean bed to sleep in. It took 2 days to clean up the home. When we arrived the next day he was sitting at his table eating with a smile on his face and he said that he didn't think that anybody cared for him anymore. But now he knew someone did.

I could go on and on with situations that we run into constantly. Neighbors call me——

Senator CHILES. Now a fellow like this, will you all keep sort of checking on him now.

Ms. LANIER. Yes. And we called other services so that we could get Meals on Wheels into him. We try—when we go in we try to do a case management-type thing. Anything that a client needs—people who need Chore Services are in need of other services. So we try to see that they get these services and we keep at it until they do receive all the services that they need.

Another instance, we went to a home, a 73-year-old lady who had just been discharged from the hospital. She'd had a skin graft done for an ulcerated leg. Home Health Agency had called us to go in. She needed a nurse to come and homemakers and nobody would go into the home because of the condition of the home. We went in. We were there 2 days cleaning it up. Her nephew came down from New York and he could not believe what he saw. He had not been down in 15 years and he said that his aunt was the most meticulous person that he had ever known, that a speck of dust or anything didn't dare fall in her home because immediately the vacuum cleaner had to come out or the dust-pan or something to clean it up. And it took us 2 days to clean this home. The woman suffered severely from emphysema and had the ulcerated leg that she'd just recently had a skin graft on. We then referred her to Community Care for the Elderly so that she could get the additional services. She called us crying the next day and said that we had given her back her home.

These are typical cases that we run into every week. The emergencies are getting greater all the time because of the early discharges from the hospital and home health agencies are finding that the homes are deplorable and no one else wants to go in. So Chores is called upon. Now we're the only ones in Pinellas County that do this type of service.

Senator CHILES. Who makes up the manpower of Chore and how are you funded?

Ms. LANIER. We're funded under the Older Americans Act and I have paid workers who no way get what they deserve. As I said, we serve the entire County. We do have one landscaping company that last year supplied us over $6,000 worth of work, that he had read an article that we had in the newspaper, and he came to our rescue. And he goes into some of the homes where they need tree removal. And after the hurricane last year there was a lot of that and that is beyond our scope.

Senator CHILES. Do you use any volunteers?

Ms. LANIER. Unfortunately, I get calls from people wanting to volunteer when they have seen an article or heard me talk somewhere. And they come and talk to me and "when can we get started?" And then when I tell them what we do, "Oh, well. I'll call you back." And that's the last I ever hear from them. It takes very dedicated people to do what they do every day. I can never say enough about the workers who work for me.

Senator CHILES. Did you bring us some pictures?

Ms. LANIER. I brought you some pictures and I would like to tell you that five of our clients are over the age of 100, one is 105, two are 101, and two are 102. Seventy-eight percent of our clients are over the age of 75, 34 percent are over the age of 85. And last year we served 1,208 unduplicated people. Now I did bring you some pictures of "before" and "after" to show you what we are up against.

[Witness exhibits said pictures.]

Senator CHILES. Boy! We'll pass these around in a minute so that everybody can take a look.

That's the same place? [Observing pictures.]

Ms. LANIER. That's the same place.

Senator CHILES. That's very graphic. They certainly portray that.

Ms. LANIER. Pictures can tell it better than I can.

Senator CHILES. Yes, Ma'am, they certainly can.

Ms. LANIER. And with me today I have Emma Zanetti who is a client of ours. She'd like to speak with you.

Senator CHILES. Emma, we're glad to have you be with us today.

Ms. ZANETTI. Thank you dear Senator. And you are a dear. And you have staying power. You stay with it and that's fantastic.

Senator CHILES. I'm awful glad you're here today. I think you're a diplomat.

Ms. ZANETTI. I don't know about being a diplomat but everybody says I screech like it, and I do. I feel that this program is vital—vital—Without it I don't know where I would be. I have suffered from rheumatoid arthritis since I was 23-years-old. As I grew older it didn't get better and it isn't going to. Then I got carotid endarterectomies—all these lovely things no one would like to have and we are not responsible for.

Senator CHILES. You didn't pick your parents too well then.

Ms. ZANETTI. Could be I was a fool when I was young. You never know. But nevertheless, everybody works hard to keep what they have. You build a home, you expect to stay in it, it's your haven. And if suddenly you find that you're not going to be able to stay in it, it's going to start falling apart at the seams and you haven't got the way to go to get out and listen to all these charmers who has $9,000 to do everything; and you start thinking, well where do I go from here? What do I do? So immediately I started calling around some time ago. And when Chore Service comes it's like hallelujah, because the dear doctors think you are Robby the robot. They say, don't do this, don't do that, don't do this. Well, how in the devil can you sit back and let everything go to pot and not do anything when you know you have to do the laundry, you got to do the lawn, you gotta clean your bathroom. And I was my own worst enemy. Every time I did that, bang-go. I'd wind up at the doctors, back and forth. I felt I was 99 going on 100 and I was only 54 then. So I've been on this program quite awhile. Anyhow, I decided there's gotta be some place to go for help. And Chore Service came in, did the rugs, did the walls, cleaned the fans, and the lawn—the ever-loving lawn and the ever-loving trees, the ever-loving weeds that you couldn't get rid of, plus the bugs. The only problem is, the poor things, they only have two crews and Pinellas County is a very big County for two crews to try to cover everybody. So you call up and poor Mrs. Lanier says,"Now you know what I got to tell you." I said, "Yes, I know." So in between you beg, you borrow, you steal; you go to the neighbors and you say, "How about letting Joanie help me," or somebody and you try to get it before it gets up to your waist. But that doesn't always work. Then we got Mrs. Cox to contend with because she comes around and she says, "You are going to get a citation if you don't do something about this lawn," and then here we go again. So believe me, we need the services that the Americans Act gives. I think we should talk to that Motley crew in Florida and that Motley crew in Washington. Really. I mean, I don't know what they're doing up there, including Mr. Reagan. Something has got to be done to keep our program going. We older Americans, we are past history of this country; we are the future history of this country with our grandchildren and our other chil-

dren. And one day they are going to be the voters of this country. Now we need it. We need it bad. We're not going to be here to say our thing probably, but we hope our kids are and we hope there's more like you. Thank you.

Senator CHILES. Thank you. What percentage of the needs would you say that you're serving out there now with your group? I understand she said you had two crews.

Ms. LANIER. I have over 2,600 people on my waiting list and at the present rate, it'll probably take me 3 years to get to some of them. So those in greatest need, emergency situations, will have to come first.

Senator CHILES. So you're covering less than half of these would you say?

Ms. LANIER. Yes. Less than half.

Senator CHILES. Thank you. Thank you for coming.

Now we're going to hear from Jeanie Williamson from Tampa with the Bay Area Legal Services. She has with her one of her clients, Mrs. Hilde Smallwood. They're going to talk about the need for legal services for the elderly.

Jeanie, we're delighted to have you.

STATEMENT OF JEANIE WILLIAMSON, BAY AREA LEGAL SERVICES, INC., TAMPA, FL, ACCOMPANIED BY HILDE SMALLWOOD

Ms. WILLIAMSON. Senator, thank you very much for having me and my client, Mrs. Smallwood, here today. I'm an attorney and I am Project Director of the Senior Advocacy Unit, which is an Older Americans Act program that is part of Bay Area Legal Services.

Bay Area Legal Services is a nonprofit organization which represents indigents through Federal, State, and local funding primarily from the Legal Services Corporation. The Senior Advocacy Unit—Yes?

Senator CHILES. Tell me how that fits in now with the area agency and The Older Americans Act because I know we're talking about two different programs. I'm interested in seeing how they met.

Ms. WILLIAMSON. Well, my unit is the Senior Advocacy Unit. It's a special team within Bay Area Legal Services.

Senator CHILES. I see.

Ms. WILLIAMSON. And we receive Older Americans Act funds to provide legal services to the elderly. Now we receive also funds from the Legal Services Corporation and also some other funds from interest on trust accounts, programs in Florida and so forth. But we are substantially funded by The Older Americans Act program.

In my unit there are two attorneys. I have five paralegals and we also use several volunteers to assist us. I can only speak from my experience with Bay Area Legal Services here today, but I don't believe that my legal services program is too atypical of any other legal services program that provides these elderly services in the United States.

We hear an awful lot about the problems with providing health care for our aging population and we know that there are going to be serious health care problems because people are growing older

and living longer and not necessarily being any more well than they were at younger ages. In fact, they're getting worse. It's apparent to me, Senator, that many of these same elderly with health care problems, we find that their infirmities make them less able to handle their legal problems by themselves. It also means their access to legal services will be seriously curtailed because, as I'm sure you all know, there aren't too many lawyers who make house-calls. They never have made house-calls. Furthermore, we have emergency medical services which can come and pick you up and take you to the hospital or to the doctor if you have a serious medical problem or a serious emergency—medical emergency. But I don't know of any emergency legal services that will pick you up to take you to a lawyer.

I think our program is and many of our counterparts throughout the country are unique in that we try to expand access to legal services to the elderly throughout the community. For example, Bay Area Legal Services has an outreach program where we send attorneys and paralegals out to over 30 nutrition sites, senior centers and other congregant living facilities where seniors gather on a monthly basis. They're available there both to give a preventive law talk and to do individual intake for people who have legal problems. They bring those back to the office and then we deal with them from there so that the clients do not have to get transportation and come into the office. In addition to that, it's very important that we are able to provide services by going into individuals homes, to their hospitals where they might be in an emergency, to nursing homes, to adult congregant living facilities or boarding homes. We have several paralegals who in fact specialize in home visits when they're needed. So we try not to deny access to legal services to anyone.

Last year my program handled well over 1,300 cases for senior citizens and we expect to see at least that many again this year. The services that we give include everything from preparing a living will for an individual to taking their case to trial. They also include many Social Security problems. SSI disability problems or overpayment problems are handled by us. Housing code violations, public housing problems; debt collections seem to be on the increase; food stamps and real property problems; guardianships, landlord/tenant, Medicare, Medicaid. The list is long and I won't go all the way through it.

We do something I think that a private attorney doesn't have the capability of doing, which is we work very closely with the social agencies in the local aging network. We know them. We feel like we're partners with them. We receive many referrals from them and we make many referrals to them.

As I was preparing to come here today I reviewed many cases, Senator Chiles, trying to decide which cases to tell you about and which client to bring, since I could only bring one client. The same problem that I talked about earlier, the problems of being very old and being infirm which makes many clients need for legal services so compelling, also makes it impossible for me to bring them here to talk to you today to tell you about how they've been helped by us. But there are also many senior citizens who, although they are physically able to come into our office for services, they simply

cannot afford the services of a private attorney and they turn to Legal Services for that purpose. Maybe they're having a problem with a landlord or perhaps they've been told that their home which, as I am sure you are aware, is often the only asset that many older people have; if their home no longer meets the minimum housing code standards for the city or for the county, and yet they're going to have to take some steps that they simply don't have either the physical or the financial capacity to take. Perhaps they've been denied food stamps or many of them have been the victims of door-to-door salesmen who've come around and sold them something that they don't want, don't need and can't afford.

Many of our clients, especially widowed or divorced older women, find themselves to be the victims of disability as they grow older and they're untrained to do anything other than perhaps manual labor. And they're now incapable of doing that because of their disabilities. Often even if they're old enough to retire at age 62, because they've worked in such low-paying jobs throughout their lives, the amount of money that they would draw is not even enough to live on. If they cannot show that they're disabled, then they really are not able to survive.

I do want to mention one recent case that we had where we worked very closely with the Health and Rehabilitative Services Adult Protective Services Program, which Margaret Lynn Dugger, who will be speaking with you later today, is ultimately in charge of; and that is a situation where one of our former clients was being abused by members of the deceased husband's family. We got word from a friend that she was in trouble. In fact, she was practically being held captive by these people and did not feel that she could risk calling for help. And friends' efforts were being thrust aside also by these people. We were able to get through to the lady and one of my paralegals went out and met with her and with these individuals and discovered that they had pressured her—and she is 86 years old and in ill health—had pressured her into turning over to them all of her life savings and, in fact, she felt they were trying to poison her or in some way to do away with her so that they could then take this money and there would be no questions asked, of course. My paralegal got her permission to call Adult Protective Services and they met—their worker met our paralegal, went out to the home and, through a lot of talking and a lot of pressure and the idea of the possibility of legal pressure being brought to bear on them both civilly and criminally, was able to get back for her in very short order—in a matter of 24 hours—the money put back in her name and got the people out of the home and got this lady taken care of. We're following up now with other social agencies and with Adult Protective Services to make sure that she doesn't get herself in this situation again.

Today I brought with me Hilde Smallwood, who is representative of many of our clients. At the age of 62 she unfortunately found herself to be the victim of throat cancer. She worked for 25 years as a waitress and, in fact, she's an excellent waitress. But she was not trained to do anything else. She had never finished high school. There was no alternative, unfortunately, to surgery and last Spring—in the Spring of 1986 she did have surgery and her larynx was removed. She must now breath and talk through a stoma in

her throat. She's doing extremely well with that. I think maybe she's the star pupil at the hospital. She'll demonstrate that to you in a moment. Although the doctor advised Mrs. Smallwood that she could not work in places where there's smoke or dust or fumes or chemical or particulate matter in the air and that she could not work at a job which relied on voice communication, the Social Security Administration nevertheless found that she was not severely enough disabled and that, in fact, they felt she could return to her job as a waitress. I think I'll let you tell you the story from there.

Senator CHILES. Hilde, we want to thank you very much for coming and we've got all the time in the world here now. So you just take your time. We're just so pleased that you would come and talk to us.

Ms. WILLIAMSON. She did this to me at the hearing but she'll get with it in just a minute. It'll just take her a minute.

Ms. SMALLWOOD. I'm sorry. I'll be with you in a minute.

Senator CHILES. Good.

Ms. SMALLWOOD. Senator——

Senator CHILES. No problem, no problem.

Ms. WILLIAMSON. While she's gaining her composure let me tell you just a little bit more about her. We did, in fact, get in touch with her doctor and got additional medical evidence to substantiate the problem that she would have if she were to go to work in an improper environment because she has no way of filtering anything. Everything goes directly into her lungs. So she has to be very careful about where she works and what she breaths. [To Ms. Smallwood] Do you want to try it now?

Ms. SMALLWOOD. I'll try. I think maybe I'm capable of talking to you.

Senator CHILES. Great.

Ms. SMALLWOOD. I came here today to talk about—I thank you, Senator, for letting—I appreciate it. Thank you kindly for listening to me. Thank you.

Ms. WILLIAMSON. Don't you want to say something?

Ms. SMALLWOOD. Yes. I came here today for which I'm honored very much and appreciate that my attorney had chose me. To elect throat surgery—hear me—because I had the operation does not mean that I'm dead. When you have an operation as that, most of the people think that they would be dead of the world, which I thought myself. One day I stood in front of the mirror and I talk to myself and I asked self to that mirror looking in my eyes, my own eyes, and say, "Self in the mirror, you're not dead; you're not dead. You just had an operation, very serious. But you've got to take these walls that have come so close to you, don't let them bother you. Try to move them away from you little by little and try to take your problems with it. Push these walls back and try to deal with it."

Senator CHILES. Great.

Ms. SMALLWOOD. Now I want to talk about when you have an operation as such, they say you got to help yourself. But people—some people which I have seen my own self, my own eyes, don't bother, don't care; let me die, like that. Please, folks, don't do that. It is quite a change from your lifestyle, yes. It takes quite a person

like me to show others that you can do when you do it yourself. Don't wait for others. Thank you.

It got to the point where my financials went down—everything went down—everything. I talked to myself again. I said, "Hilde, talk to people." I said, "Where can you go to get some help?" Now I have come to the conclusion when people I met told me where to go was the Legal Service. Now I owe these people a lot. I told my problem to Legal Services.

Ms. WILLIAMSON. She wants to know if she can say more.

Senator CHILES. Sure, we've got just a couple of minutes for you.

Ms. SMALLWOOD. At Legal Service they listened to my problems and I didn't have to pay too much. I was helped from all sides from Legal Service in every which way. I was told before Legal Service maybe, no. I will tell the whole world that Legal Service has helped me fight disability. I'm a fighter, Senator. I fight.

Senator CHILES. I can tell you're a fighter.

Ms. SMALLWOOD. I fight with the law. I fight for my life.

Senator CHILES. Thank you very much. That's great. You're a great example and I thank you very much for coming. And I can tell you, Jeanie, you picked the best client. You couldn't have picked anybody better. And the wonderful thing you said is what you have to do for yourself, the example that you give all of us and what you have done for yourself; that you're not letting up; what seems like a terrible handicap to all of us, overcome you or your spirit. Your spirit is so strong. We thank you very, very much for being here.

Ms. SMALLWOOD. Senator, you cannot exist if you just [demonstrating].

Senator CHILES. Well, you haven't done that. That's great. Thank you very, very much.

Ms. SMALLWOOD. Thank you very much.

Senator CHILES. We're going to take another little break here. They've got a little live TV thing that we're going to do right now. So we'll take just a few minutes break and then we still have several panels that we'd like to put on.

[Whereupon, a short break was taken after which the following proceedings were had.]

Senator CHILES. Thank you very much. Now we're going to try to continue with Aleta Findlay from Daytona Beach. She's with the Employment Services Program under the Volusia County Council on Aging. And she's brought with her Mrs. Betty Oakes. And they want to tell us about the employment opportunities for seniors.

We're delighted to have you all with us.

STATEMENT OF ALETA FINDLAY, EMPLOYMENT SERVICES PROGRAM, VOLUSIA COUNTY COUNCIL ON AGING, DAYTONA BEACH, FL, ACCOMPANIED BY BETTY OAKES

Ms. FINDLAY. Good afternoon. Thank you for inviting us here to talk to you.

Volusia County Council on Aging has a senior employment referral program which is the only Title 3 funded senior employment program in the State of Florida at the present time. We've been in operation approximately 2 years. In 1985 the Council on Aging in

Volusia County did a needs assessment survey. One of the results of that survey was—showed the need for a senior employment referral program to assist seniors with unique problems that were not incorporated into other employment services. There are other employment services available in Volusia County. They have eligibility requirements, low income-type eligibility requirements such as the Private Industry Council, United Way Senior Aids Program, Council on Aging's own Foster Grandparent Program, the Green Thumb Program that operates in Deland. Those programs do a good job of taking care of seniors that meet their income criteria. There are a large segment of seniors that do not meet that income criteria. They have no where to go to assist them with their specific unique problems in employment. The Job Services of Florida does have a part-time senior employment council. We refer to them when it's appropriate. Their scope is toward the general population however. Council on Aging is able to service with some expertise, we hope, the senior citizens who have unique problems that we're accustomed to dealing with, have certain desires, maybe things that take a little more time to find the appropriate referral for them. It's because of this unique kind of service for our senior citizens that our employment service has grown enough in the last 2 years to now show the need for a full-time person, or nearly a full-time person, who is going to—who's just begun working with the senior employment program.

In 1986 we had one case manager who was spending approximately—funded to spend 10 to 15 percent of my time working with the senior employment program. In the first part of this year it became obvious that there were more seniors out there looking for employment that this 10 to 15 percent was meeting. We have hired a case worker now who's working with it full-time.

In 1986 for the entire year we had 339 referrals for senior employment through our program. Of those, approximately 33 percent were hired. We don't normally keep that statistic. It's not one of the ones that we worry about. But when we went back and checked them, we believe that is pretty close to accurate.

So far in 1987 we have set up 355 senior employment interviews in 6 months, that's through the end of June. In the last month, in the month of June, when the full-time case worker is on board—she has now assumed most of the responsibilities for the senior employment program—we had 46 referral interviews set up. Thirty of those people were hired. That's 65 percent success rate with our referrals.

I brought with me today Mrs. Betty Oakes. She is one of our senior employment participants who came through our program. And I'm going to let her explain a little bit to you about her side of the picture.

Ms. OAKES. When I left home this morning my granddaughter looked at me and she said, "Grandma, where are you going?" I said, "I'm going to tell Senator Chiles how hard it is for a senior citizen to get a job without help."

I needed a job. I worked all my life. However, after retirement, which was about a year and a half ago, I found out that not only for monetary reasons, but for mental reasons too, I needed to go back to work. I was having problems until I saw a write-up in the

paper about the employee referral system for senior citizens. So I immediately called down there and within 2 days I had a part-time job due to the employees at the senior citizens referral placement in Daytona Beach.

My job was just for the weekend, just on Saturday and Sunday. But it did—it was a job that I was familiar with, felt—it made me feel like I was back like I should never have stopped working in the first place. But that still didn't satisfy me. I wanted more work. I needed more work, like I said, not only for monetary but also just for physical and mental reasons. So I went back to the employment agency—to the Council on Aging, the employment department. They found me another job which doesn't start for about, oh, I figure it'll be another 2 weeks. But they have helped me get two different jobs which will keep me going at least 5 days a week. And it's just—it's just something that I appreciate so much because I lost my—oh, I wasn't sure of myself anymore. I could see myself slipping. I've always been active and I feel like now that I'm just starting right back where I was years ago.

Senator CHILES. You're looking forward to every day now?

Ms. OAKES. I'm looking forward to everything. And I just want to say how much I appreciate what this agency has done for me.

Senator CHILES. And these jobs aren't any subsidized jobs either, just private industries?

Ms. OAKES. These are private industries, yes, sir. And I found out that I can work again and that I'm not mentally incapacitated, which I thought I was there for awhile. And the employees at the—there in Daytona Beach at this agency have just—they called me back to see, you know, if it was a job that I could handle——

Senator CHILES. Right.

Ms. OAKES [continuing]. If I was happy with it. They've been excellent. I'm very happy with it.

Senator CHILES. Well, that's great. We're delighted to hear of your services. And that's funded by the Older Americans Act?

Ms. FINDLAY. Yes.

Senator CHILES. What percentage of the need would you think that you're meeting out there in Volusia County?

Ms. FINDLAY. I don't—I don't think we counted lately the number of referrals or people we have—applicants we have in our book. My guess would be there's probably at least 200 in there right now that are actively looking for employment.

Senator CHILES. So you have a good long waiting list?

Ms. FINDLAY. A lot of times it's not a waiting list——

Senator CHILES. I see.

Ms. FINDLAY [continuing]. As much as it's——

Senator CHILES. As just trying to find those jobs for them.

Ms. FINDLAY [continuing]. Trying to find the right match for them.

Senator CHILES. I see, match them up. Well, that's good work and we thank you all both for being here today.

Ms. FINDLAY. Thank you.

Senator CHILES. Our next witness is Ms. Helen Blue, the Executive Director for Meals on Wheels of Manatee County, a County where I have a home now. And she's accompanied by Mr. and Mrs.

Russell Brock. And we've asked Helen to speak to us from the prospective of the local agency project or nutrition program.

STATEMENT OF HELEN BLUE, EXECUTIVE DIRECTOR, MEALS ON WHEELS OF MANATEE COUNTY, INC., ACCOMPANIED BY MR. AND MRS. RUSSELL BROCK

Ms. BLUE. Good morning—afternoon. I guess it's afternoon by now, isn't it?

Well, we bring you greetings from Manatee County. I want you to be assured that it's still there regardless of all the rain we've had.

I want to really speak very strongly about the continuation of The Older Americans Act and its essential same framework. We understand the pressures to change and in some viewpoints improve the act. However, I feel The Older Americans Act programs are certainly among the most successful of all government programs.

The intent of the enactment of the law in 1965 was to provide to persons 60 plus of this country services and supports that would allow them the dignity of staying in their own homes for as long as possible. It has successfully accomplished that goal with its simple approach.

Manatee County is a typical Florida community. Over one-third of our 175,980 people are over the age of 60. And that population is growing at an accelerated pace. In the short time of just 15 years we've seen our client load change from 25 meals per day to 1,350 a day. Since we started in 1972 we've served 2,795,000 meals——

Senator CHILES. Whow!

Ms. FINDLAY [continuing]. To people. We have also seen our clients change. In 1972 they were—average age was 71 years. Now there's an average age of 83 years. We see many a people attain the ripe old age of 100, many living with a son or daughter who is in their 80's.

With the help provided by The Older Americans Act and a whole lot of love provided by the people in Manatee County, they are living in their own homes. We are sorry to report we lost our oldest client last week. She was 106 years old. But she was where she wanted to be at the time she died, at home.

One of the features of the program has made them so successful is that people can participate and still retain their dignity and self-respect. We have been able to manage the programs without the stigma of charity which goes along with most government-help programs.

No one questions the need to direct the programs to the most needy. Where we come into disagreement is identifying what is the most needy. Certainly people with incomes in the poverty level are financially needy. It is important to remember, however, that all needy people are not necessarily crippled or in raggedy clothes. People who have funds to meet their financial obligations can still be alone and malnourished and undernourished and, therefore, are still needy. If there is an area of imbalance in any funding in the relative ratios between congregant and home-delivered, the program desperately needs more money, particularly the home-deliv-

ered meals program. The expansion in this area would go toward meeting the desires of people who want to direct the program to the more critical areas. If not more money is available to us, allow us the flexibility to transfer within the nutrition component. I feel that the 30 percent transfer from C1 and C2 to B should really be reconsidered. If B needs more money, we need to appropriate it up front. It does cause the nutrition program management a whole lot of problems if Congress increases the nutrition program on one hand and takes it away with the other.

In 1972 when the Title 7 program was a part of the Older Americans Act, we were really told that we must use commodity products. And over the years, because of problems with USDA and problems with the project, that money—that allotment was turned into cash. My feeling is—I'm the only program in the State of Florida that uses 100 percent commodities and I have always used them. I have never taken any of the cash in that particular limit. And I feel that we do an excellent job with those commodities. I would like to see that all nutrition projects take at least a minimum of 20 percent of their funding in commodity products. It would allow us to receive bonus items and when you consider the fact that $144 million of USDA dollars are converted to cash to the projects, it's saving 20 percent of that. That's a $3 million savings. And you in the budget process certainly know that there is a way, that we need to start cutting things, and this is certainly a way of doing it. All I can say is that this is probably a surplus commodity food for thought.

In closing, I would like to say that all of us, regardless of age, wants to enjoy every day. Scholars tell us the most important ingredients for a happy life is food, clothing, shelter, and love. But most important of all, it's love.

Senator CHILES. But the greatest of these is love.

Ms. FINDLAY. The greatest of these is love. Congress in its wisdom covered all these needs by passing The Older Americans Act in 1965. Your support to continue The Older Americans Act in 1988 will assure much love and happiness for an awful lot of older people.

I have brought with me Mr. and Mrs. Russell Brock who are volunteers. They're one of our 570 volunteers. They work as a husband and wife team. But Mrs. Brock recently had a very serious illness. She was then placed on home-delivered meals. And I want them to share with you what their experience is from a volunteer as well as a client.

Senator CHILES. Great. We're delighted to have you all with us today.

Mrs. BROCK. Thank you. If it hadn't been for Meals on Wheels, my husband is an expert on peanut butter sandwiches and I was on a special diet, and I'm afraid that was all I would have gotten. So I did appreciate the Meals on Wheels and I do know that they are very nutritious meals, they're very delicious meals; and if it wasn't for them, there would be a lot of elderly folks that would live on one thing. You know, it's a lot of trouble to go to cook for just one person.

Senator CHILES. Right.

Mrs. BROCK. And Meals on Wheels provides them with more than one thing.

Senator CHILES. With all the other things you've taught him during your married life, you didn't get around to teaching him how to cook very well then?

Mrs. BROCK. No, just peanut butter sandwiches.

Senator CHILES. I see.

Mrs. BROCK. I'm not a speaker so I'll let him speak.

Senator CHILES. You speak very well.

Mr. BROCK. Neither am I a speaker, but we are volunteers and I do want to stress the volunteers are the best paid people in this United States. We get the best pay of all. This lady behind me, Mrs. McGovern, she was earlier here, and she talked about Meals on Wheels and that knock on the door, how important it is, and those hugs. Now she don't go with me all the time and she don't know about this. But they're still living and they appreciate our bringing these meals we're going to.

Now on the end of our run one time about 5—2 years ago, my beloved had a heart attack on the way home. And I had had some first-aid training, but I'd sort of forgotten it and I didn't know it was a heart attack. But I called 911, they came and they took her and it was several months before she was able to get back; and we're driving again.

We thank you, Senator Chiles, for the opportunity to be here and I've enjoyed every testimony I've heard. There's been some good programs.

Senator CHILES. Thank you for the good work you're doing as a volunteer. And we thank you very much too, Helen.

Alright, now we're going to hear from Judy Thames, the Executive Director of the local Area on Aging, and she's accompanied by Bill Regar who's Chairman of the Advisory Council on Aging. And I want to ask them to talk to us about the roll of the area agency and what's happening in the central Florida area.

Ms. THAMES. Thank you, Senator. Bill Regar is the Chairman of our Advisory Committee and he has a few words he'd like to say.

STATEMENT OF BILL REGAR, CHAIRMAN, ADVISORY COUNCIL ON AGING, EAST CENTRAL FLORIDA REGIONAL PLANNING COUNCIL/AREA AGENCY ON AGING, ORLANDO, FL

Mr. REGAR. I'll make it quite a few—not quite a few words, but a very short speech.

I'm Bill Regar and I'm the Chairman of the District 7 Area on Aging—Area Agency on Aging Advisory Council. I'm also involved with the A.A.R.P. and I'm President of the chapter in Merritt Island. We are working with the A.A.R.P., as you probably know, in the same lane, in the same direction; the thrust is the same as it is with the Area on Aging. And speaking of the Area on Aging, we'd like to say this. It's extremely important for senior citizens to have input on Older Americans Act services. Sixteen of our 19 advisory council members are over the age of 60 and our primary function is to represent seniors in Osceola, Brevard, Orange and Seminole Counties by providing citizen input into the planning for and funding of services in this area.

In District 7 we feel that we've been part of the team that monitors Older Americans Act projects which lets us see firsthand the quality of services. I have been—as a member of a council been to, as a monitor, at least two of the places that we do monitor. And it's interesting to note how well they are, with all due respect, being operated.

I would also like to make a little personal comment, after listening to some of these beautiful experiences that we heard earlier—and some of these people they're talking about are 100 years of age or older—I feel like a young fellow; I'm only 75. I might have a chance yet.

I'm going to turn this microphone over to Judy. I think she has something to say.

STATEMENT OF JUDY THAMES, EXECUTIVE DIRECTOR, ADVISORY COUNCIL ON AGING, EAST CENTRAL FLORIDA REGIONAL PLANNING COUNCIL/AREA AGENCY ON AGING, ORLANDO, FL

Ms. THAMES. Thank you, Bill. I've really loved having you here. I haven't had such a good opportunity to showcase our programs in a long, long time.

Senator CHILES. You've been so good to host us here.

Ms. THAMES. Well, what we're trying to put together for you—and much of what's been said is what I was going to talk about and it was said so much more eloquently.

You are a supporter of The Older Americans Act. You are a supporter of older Floridians and we certainly urge that continued support. And like Bill Henebry, a friend of both of ours, I would ask for more money. There almost isn't anything that we can't do with more money.

I think in terms of the programs that we've tried to show you today, the extra things we've been able to do with the flexibility in reliance for your authorization of The Older Americans Act is so important——

Senator CHILES. Well, it's been very impressive to me and I can assure you we're going to try to make sure we keep all of that flexibility involved in these programs.

Ms. THAMES. I think the flexibility is essential. The other components that again you addressed in your opening remarks that we urge very strong support for, is the development of more and more in-home service capabilities for the frail elderly.

I couldn't have planned today better because many of the people here at this congregant meal site are 75, 85, 95 years old. We have increasing aged populations that have special needs. We have done an awfully good job, I feel, in District 7 using State funds through general revenue in community care for the elderly coordinated with Older Americans Act funds to really provide an array of services. That is extremely important. The flexibility of The Older Americans Act is needed for that.

We would ask that you support that flexibility, that you really do not go ahead and put back on us percentage caps like we had prior to this past 3 years when we had to spend a certain amount in legal, a certain amount in access services.

Our needs in central Florida are very different than Miami and St. Pete and Tallahassee and we need to be able to respond at the local level to those needs with the kinds of service dollars that you provide. You heard all of these, I think, the in-home services, the transportation needs. I can't increase meals if I can't get people to the services. So transportation has got to be addressed.

I appreciate having you down here. Thank you.

Senator CHILES. Thank you very much. Thank you all both.

Now our last panel is made up of Margaret Lynn Dugger, the Director of the Florida Office on Aging, and Coach Pete Griffin, the Vice Chairman of the State of Florida Aging Advisory Council. They've come down from Tallahassee and they're going to share with us some of their testimony about the impact at the State level.

STATEMENT OF PETE GRIFFIN, VICE CHAIRMAN, STATE OF FLORIDA AGING ADVISORY COUNCIL, TALLAHASSEE, FL

Mr. GRIFFIN. Thank you very much for this opportunity to speak before such an august body.

My name is Pete Griffin and I'm chair elect of the Aging and Adult Service State Advisory Council. In addition to assisting and advising the Aging and Adult service program office on policies effecting older persons and making recommendations for programs, we also continue to update our knowledge and information on aging issues. For example, next week the State Advisory Council is sponsoring a 1-day training session on what it takes to be eligible for nursing home assistance. Not many seniors can afford the average $1,500 monthly nursing home cost. As you know the requirement that persons spend down below the poverty level to become eligible for Medicaid in nursing homes is very threatening for older Floridians.

We have invited representatives from the American Association of Retired Persons, the Department of Insurance and other programs to give presentations on the State and Federal eligibility requirements for nursing home assistance.

Now, I've been a coach and teacher for over 30-some years. I still like to continue to try to motivate people to do something about their fitness. And I'm of this opinion, that we can do a lot to prevent ourselves from being dependent. Now I try to be a witness to the benefits of activity. I feel it is important for people to be independent and able to carry out their fundamental activities. This is what The Older Americans Act means to me personally—Just don't wait for somebody else to do something for you. Do as much as you can for yourself. It's never too late to an ole' tired heart shall cease to palpitate. You can do something to improve your fitness. Now I just definitely think that we need these programs. They're very helpful. But yet and still we need to do something ourselves also.

Now in this area I travel to six counties to adult congregant living facilities, senior centers, nursing homes, community centers and churches to help people to become motivated and become more positive in their attitudes and activities. I volunteer my time but the senior centers funded through The Older Americans Act are

the focal point of activities in rural and urban communities. My theme is to live most and serve best. Where I'm from, the northern part of the State, kind of the panhandle, rural, a lot of the people there live in shotgun houses and whatnot; and yet and still they have to have bread, but they have to have something more than bread and we try to keep them and enhance a quality of life as well as just living.

I try to look at the whole person, not just any part or aspect of any individual. Disciplined exercise and activities are important avenues to maintaining independence. Exercise gives people an opportunity to express themselves in free movement. It is also geared to help them to do things they must do for themselves.

A number of people I see live alone, most of them are widows, and they have to do things for themselves. One of my 90-year-old friends in rural Gaskin County still uses her old washboard and chops wood for her cooking and heat. And she assures me that exercise class helps her to keep agile to carry out her daily chores. And so that is very, very important, I feel.

From my personal experience and observation, I've noted considerable services provided to minorities through The Older Americans Act. I think some of us make it a point to get off the beaten path, go to the boondocks and try to see what the people are doing, not wait for them to come to us, but go to them. Sometimes we have to just drag them out in order to get this experience. So many times we just think they're going to come to us and they're not. So we might have to go get them.

And there are several problems. One is literacy. A large number of the people that we cater to are semi-illiterate, can't read. And you can send out pamphlets all you want to but sometimes that don't get them. You have to try another approach.

And another one is that many of the older people are isolated. They're not going to come into contact with a lot of people because—for various reasons because I know some terrain, you just can't get up there when it rains, you know; roads are bad and whatnot. So we figure it's very important to share and to show to them or go get them and bring them to the show when they can't make it themselves.

Now you can see changes in the lives of the people who participate. And we think it's very, very important that we get maximum participation especially for those who we feel need it most and don't have the advantages that some of us have had.

The Older Americans Act funds provide important services for prevention purposes. And those we have are on prevention. We figure we can save a whole lot of money down the road if we just try to keep people functioning.

We also think that The Older Americans Act is so important because of the services that they give and provide helps those to maintain their independence and to continue to function and to make a contribution to themselves and to their friends, because service is the rent you pay for the space you occupy. And that's the kind of thing we want to continue to do throughout life. It's not over yet. Thank you.

Senator CHILES. Thank you very much, Coach. Coach, I got a broke-down old athlete who works for me that you used to coach.

And you need to talk to him a little bit about that physical fitness. About all I see him doing now is getting up to the table a little bit. But he does tell some stories about you in which he tries to mimic you a little bit. You might have to take him to the woodshed about that a little bit too.

Mr. GRIFFIN. Senator, you have set a beautiful example with your walking a few years ago. I think the people really were caught onto that. And I think that is one of the things that have helped us to increase the walking phase that we have here. Thank you so much for that.

Senator CHILES. Thank you.

Margaret Lynn?

STATEMENT OF MARGARET LYNN DUGGER, AGING PROGRAM STAFF DIRECTOR, DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES, STATE OF FLORIDA, TALLAHASSEE, FL

Ms. DUGGER. Senator, when you walked in, you didn't hear Coach Pete, but he said—he looked you over and he said, "He's in pretty good shape." So I want you to know you've been assessed.

Senator CHILES. Good. Good.

Ms. DUGGER. We thank you for the opportunity to be here. We want to also thank you for Bentley Lipscomb. He represents you very well in his relationships and your relationships——

Senator CHILES. He does.

Ms. DUGGER [continuing]. With all the aging networks, and we appreciate that.

You may know that Florida's aging population, the 60 and older population, will top 3 million people in our State next year. And probably more significant to our planning will be the fact that the year after that in 1989 we top a million people over age 75. And almost a quarter of a million of that million will be over age 85 and it's really a significant growth.

You addressed the question about the abuse of the elderly and I'm sure that Senator Pepper keeps you well nudged on that issue.

Senator CHILES. He does.

Ms. DUGGER. I would like you to know that we are projecting that 100,000 Floridians—older Floridians will be abused or neglected or exploited this year. We are only receiving about 15,000 reports a year but we're using national statistics for those projections.

We see The Older Americans Act as a cornerstone for a number of the other community services and the State of Florida has finally followed the Federal lead and really significantly increased the funding that—the State funding that goes to older people. We also see The Older Americans Act in a very catalytic way, that is it is the catalyst for funds to older people from private foundations, from local governments, from United Way; so it serves in a very important catalytic roll.

It also provides the opportunity for thousands of people to donate their volunteer services. That's the structure through which they do volunteer. I would like to mention one proposed change in The Older Americans Act that relates directly to volunteerism, and that's that part of the Act requires—the proposed amendments re-

quire the demonstration of the volunteer service credit concept. I'd like to advise you that through a State statute in 1985 we have tested and evaluated that concept as have several other States. Some of the findings of that project evaluation conclude that the responses of a sample of the current volunteers reflected that only about a third of the current volunteers would even be interested in participating in the volunteer service credit program. That result is comparable to a California study where only 37 percent indicated that they would be interested in participating; thus, about two-thirds were not interested in that. My concern is that at a time of limited funding, that we not allocate dollars to demonstrations for a project that a number of States have tested and evaluated and that we have those kinds for liable findings, when there are so many areas in the field of long-term care and other kinds of in-house services where we do need to direct those kinds of demonstrations and studies.

There were over 279,000 older Floridians who received services under The Older Americans Act during 1986. We delivered over 6.6 million congregant meals and 5 million home-delivered meals in 1986. Our next largest most extensive service was that of transportation. And under The Older Americans Act alone we provided over 3 million rides to older Floridians during 1986.

We have addressed a number of issues related to those persons who are receiving needed services. But we're constantly challenged by those persons and other older persons in the communities and their families to keep people informed about the services. We've had a problem because when we had waiting lists and all, we wondered if it was ethical to advise people about services when, in fact, you might not be able to serve them. A recent study in Miami reflected, however, that over 60 percent of the older persons were not aware of their community services except for meals and transportation. We've also had recent work done here in Florida that indicates that our long-term care system is, in fact, fragmented and very difficult for families of older people and older people themselves to access needed services. And we will be looking at a better coordinated system over the next year.

I'd like to touch briefly on this issue of caregivers and I hope that the Act will address this important area. As you know, it's estimated conservatively that 80 percent of the care of older people—frail older people is done by the caregivers, informal caregivers, families and friends. My personal and my perhaps professional endorsements go to the concepts expressed in the new Part D of Title 3. That addresses somewhat the needs of the in-home and it does also indicate services for respite care for caregivers.

As you know we've initiated a state-funded major initiative in Alzheimers disease and related memory disorders. We fund research now out of State dollars. We're funding four diagnostic clinics for not only diagnosis, but also treatment. We're funding adult day care and we're funding respite care to families. There's tremendous work that needs to be done in that area. The proposed Part D or the equivalent of those in-home services is very important.

I'd also like to share with you some research we did within the department related to caregiver issues. We have an evaluation that

will be released next week that shows in the community care for the elderly program that both last year and this year we've documented, that stress of caregivers is reduced after they receive community services. We have it definitively documented at this time.

Of the caregivers we surveyed, over two-thirds were over age 60 themselves and that the supportive services, the receipt of those services, did not reduce the caregivers ability or their response to services themselves. In fact, in 40 percent of the cases, they were able to increase their own caregiving as a result of this afforded service. So it's a very important support issue and it helps us expand our care to keep people in their homes.

Senator CHILES. Great.

Ms. DUGGER. To share one quickly with you, Cathy Lester out of Jacksonville is on our statewide Alzheimers Advisory Council and she herself has been a caregiver and she's very active. And when you were questioning about the social skills of caregivers, she brought with her another caregiver to a meeting who was a gentleman who was talking extensively. And she leaned over and she said to him, "Be quiet." And then she turned to the rest of us and she said, "When we finally get someone to talk to who can respond to us, we find that all of us caregivers just talk too much. We never know when to stop." And they have a bond among themselves that they can tell each other they're talking too much. But it really is difficult on the caregiver.

I'll also share with you, last month I was with Carol Frazier Fisk, Commissioner on Aging, and we visited a caregivers support group in the Miami Jewish Home and Hospital for the Aged. And at the very end of that session, a very emotional man stood up and said, "I'm here because my brother is in the Alzheimers program." But he pointed to the staff and he said, "Those are really the angels walking on this earth, those people who take this staff work everyday." And the staff member went over and hugged him and said, "You're the angel because you're the one that's had this responsibility 24 hours a day." But it is a very real issue. And abuse is tied to that stress as well, as I'm sure you know.

Move quickly to a very technical issue that I think limits our ability to be flexible and that's the USDA commodity food issue that Helen Blue raised. We in Florida, recognizing the trends of the Federal Government and the limits of the budget, we're trying to move to a greater utilization of commodities, the food. We've run into so much difficulty with regulations and policies and procedures of the U.S. Department of Agriculture that, while we—we have about $6 million in the commodity program in The Older Americans Act. We had only 3 percent using the food. That means 97 percent obviously is using the cash option and Helen, as she said, is the only one using food extensively. As we try to move to the 20 percent level to expand our ability to use that more broadly, the regulations of the USDA will prohibit it. It's a real problem and we're urging your support and attention to that matter.

We were able to double our usage this year from 3 percent to 6 percent. But we have many people very willing, and providers as well as food contractors, who would join with us in this effort if we could handle the regulations.

Finally, I'd just like to thank you for all of your leadership. I think it's dedicated. I think it's courageous on behalf of all Floridians, but particularly on the behalf of older Floridians. The responsibilities that you've undertaken in public service are a credit to your integrity and your capabilities. Yet we know the demands of public service and the demands on your leadership are many. You serve us with honor and we appreciate it. Thank you.

Senator CHILES. Thank you very much. Thank you.

This is our last panel. I want to mention our pink sheets that we have. We'll have those and they'll be out there if anybody can use those to give us additional information.

I want to thank the Center here very much and we hope we didn't interrupt their schedule too much. We told them we'd be finished before the meal was served. We thought we would, maybe. But you can see, we've run over. But it was a most interesting hearing and I enjoyed every panel and I certainly learned a lot. I appreciate and want to thank all of the people who came from out of town to be with us. Certainly, I've always been a supporter of The Older Americans Act. Based on what I've heard today, I'm even a stronger supporter. And I have learned a lot about some programs that I didn't know were out there and how the flexibility has helped. We're certainly going to try to do that and we're going to see—redouble the efforts to see if we can again do some more of the funding.

I want to apologize. I know there are some people here perhaps today that we didn't get a chance to hear from. I'd hoped that we'd have a time that we could just sort of listen to everybody. But we have sort of over-lived our stay here and I'm afraid that I'm going to be a lot later to the next one than I was to this one from the basis of what we're doing now. But I look forward to returning and also to visiting a number of the senior centers.

I really think that you all are doing the Lord's work and I know that that service to others is great and that there are a lot of rewards to it. And I see that on all of the faces I see and I see a lot of healthy people here today I think because they're giving of their time and giving to others. I know that all of our seniors are appreciative of that. I know all the people in Florida are appreciative of that regardless of the fact that there is some pay compensation, it doesn't equal the effort at all. But I know there are greater rewards and I know you're receiving those rewards as well. But we thank you very, very much.

[Whereupon, at 1:10 p.m., the Senate Special Committee on Aging hearing was adjourned.]

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